Table of Contents

State/Territory Name:  New Hampshire

State Plan Amendment  (SPA) #:  19-0023

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

October 22, 2020

Lori A. Shabinette, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

RE: New Hampshire 19-0023

Dear Commissioner Shabinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0023. Effective October 1, 2019, this amendment revises the January 2020 nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending December 31, 2019.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 19-0023 is approved effective October 1, 2019. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.

Sincerely,

For
Rory Howe
Acting Director

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 19-0023
2. STATE NH
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)
   □ NEW STATE PLAN   □ AMENDMENT TO BE CONSIDERED AS NEW PLAN   X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
   SSA 1902(a)(13) and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
   FFY 2019: -$647,005

FFY 2020: $107,136

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-D, page 31(d.8)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 4.19-D, page 31 (d.8), TN 19-0012 (pending)

10. SUBJECT OF AMENDMENT
    Nursing Facility MQIP January 2020 payment

11. GOVERNOR’S REVIEW (Check One)
    □ GOVERNOR’S OFFICE REPORTED NO COMMENT
    X OTHER, AS SPECIFIED:
    comments, if any, will follow

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Kurt A. Rounds

14. TITLE Acting Commissioner

15. DATE SUBMITTED 12/12/2019

16. RETURN TO
    Dawn Landry
    Division of Medicaid Services/Brown Building
    Department of Health and Human Services
    129 Pleasant Street
    Concord, NH 03301

17. DATE RECEIVED December 12, 2019

18. DATE APPROVED 10/22/20

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME Rory Howe

22. TITLE Acting Director, Financial Management Group

23. REMARKS

Pen-and-ink change made to Boxes 7 and 9 by CMS with state concurrence on 10/12/2020 and 10/19/2020.
f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the month following the quarter. Payments are made in July, October, January, and April, and are based on the prior three months of Medicaid paid dates of service applicable for that quarter. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility’s allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8 b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for the January 2020 quarterly payment is $18,754,527. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility’s calculated rate and supplemental payment for that quarter.

2. The supplemental pool shall be distributed based on each nursing facility’s relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the January 2020 quarterly payment is 361,203. Relative share shall equal each facility’s total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities. (Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool $$) = supplemental payment.